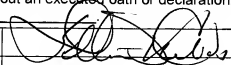
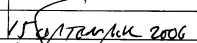


| CHANGE OF CORRESPONDENCE ADDRESS Application | | Application No. | | 10/066,828 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------|--|--------------------------|--|
| Addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | Filing Date | | February 4, 2002 | |
| | | First Named Inventor | | Michael J. Wookey et al. | |
| | | Art Unit | | 2616 | |
| | | Examiner Name | | Prenell Jones | |
| | | Attorney Docket No. | | P7230 | |
| Please change the Correspondence Address for the above-identified application to: | | | | | |
| <input checked="" type="checkbox"/> Customer Number | | 32658 | | | |
| OR | | | | | |
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | (iii) | | | |
| Telephone | | Email | | | |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of record of the entire interest. Statement Under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>29,664</u> <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____ | | | | | |
| Signature | |  | | | |
| Typed or Printed Name | | William J. Kubida | | | |
| Date | |  | | Telephone 719-448-5909 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below* | | | | | |
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted | | | | | |